C-2 Rev. 04/04

CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE (Please Print or Type)

Section I				T		
Name of Candidate or Political Cor Pete Welliver	mmittee and Chairperson			Office Sought (if ca		District (if any) 33
Mailing Address	Check if address change.	City and Zip		Home Phone		Work Phone
951 Limestone		Idaho Falls 83404		208 522-66	383	208 351-4386
Name of Political Treasurer Lenoral: de Angelis			11			
Mailing Address	Check if address change.	City and Zip	,	Home Phone		Work Phone
22983 Chaparral Drive		Idaho Falls 83404		208 529-58	51	
Section II Directions: To indicate the instructional manual for reporting the reporti		tes.	dates a	•••	<u>.</u>	
7 Day Pre-Primary	Report 🔲 3	30 Day Post-Primary R	eport	Octo	ber 10 F	re-General Report
7 Day Pre-General	Report []	30 Day Post-General Re	eport	☑ Anm	ial Repo	ort
Semi-Annual Repo	ort (Statewide Candidates	Only)				
Is this Report of	n amendment? Yes	☑ No Is th	is a Te	mination Report?	Π.	Yes ☑ No
Section III		O CONTRIBUTION				
Directions: If you had no o the appropriate dates and si Section IV. I hereby certify t	gn this report. Be sure to hat I have received no con	carry forward the appro	opriate	"Calendar Year to expenditures durin	Date" for this re	igures in Column II,
Section IV To reach your Calendar Yea figures to the Column II fig.				COLUMN I This Period	Cale	COLUMN II endar Year to Date
Line 1: Cash on Hand Janua	ary 1, This Year*		\$	xxxxxx_	s _	0.00
Line 2: Enter Cash Balance	at Close of Last Reporting	g Period**	S	2,982.38	\$ _	XXXXXX
Line 3: Total Contributions	(Enter amount from page	2)	\$	0.00	\$_	8,642.36
Line 4: Subtotal (Add lines	1, 2 and 3)		s	2,982.38	s _	8,642.36
Line 5: Total Expenditures (Enter amount from page	2)	\$	629.60	s _	6,289.58
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**			s	2,352.78	\$_	2,352.78
Line 7: Outstanding Debt to	Date		\$			
*This same figure should be **You must report the cash Note that the closing cash b	on hand at both the begin	ning of the reporting pe	eriod a	nd the close of the	reporting ca	ng period. sh on hand.
	Section V	CER	TIFIC	ATTON		
Return This Report To:	_) anorah da Anoe	die			مناها بهريدي
Ben Ysures Secretary of State	I Lenorah de Angelia hereby certify that the information					
PO Box \$3720	in this report is a true, complete and correct Campaign Financial Disclosure Report as					
Boiss ID 83720-0080 phones (208) 334-2852	Signature of Political Tyensurer					
fax: (208) 334-2282		Denveat	ኅ <i>ለ</i> ር	ethall	0	√ 4 j

Pege 1

POSTED

DETAILED SUMMARY PAGE

Name of Candidate or Committee Pete Welliver			1 Covering the Period 11 / 13 / 04 to	1 / 31 / 04
	TEMIZED CONT ms of Fifty Dollars (\$50.		ød	
Total Number	0 Tot	al count \$0.00		
1	TEMIZED EXP		Period	
Total Number	O Total	orunt \$ 0.00		

•		Total This Period
Number of Schedule A pages Attached		
Contributions		
Uniternized Contributions (\$50 and less) from top of page	\$	0.00
Itemized Contributions (total all Schedule A sheets)	\$	
otal Contributions (also enter this figure on page 1, Section IV, line 3)	\$	
1 Number of Schedule B pages Attached		
Expenditures		
Unitemized Expenditures (less than \$25) from top of page	\$	0.00
Itemized Expenditures (total all Schedule B sheets)	5	629.60
Expenditures to Reduce Accounts Payable (total all Schedule C-2Bs - Payment this Period)	\$	0.00
otal Expenditures (also enter this figure on page 1, Section IV, line 5)	\$	
Number of Schedule C-2B pages Attached		
Incurred Expenditures		
Outstanding Balance from previous period (from previous report, page 1, Section IV, line 7)	s	
Amount Incurred this period (Total all Schedule C-2Bs - Amount Incurred this Period)	+ \$	
Subtotal	= \$	
Payment this Period (Total all C-2Bs - Payment this Period)	- \$	
otal Outstanding Balance at close of this period (enter on page 1, Section IV, line 7)	- s	0.00
Number of Schedule C-2A pages Attached		
Pledged Contributions		
Amount Pledged this Period	\$	0.00

SCHEDULE B ITEMIZED EXPENDITURES

Page	of
1	1

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candid Pete Welliv	late or Committee er		
		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Cheek	In-Kind (non-monetary)
	1. Peta Walliver		
12 , 04 , 04	951 Limestone	s 629.60	
	Idaho Falls ID 83404	3	•
Purpose of Abo	re Expenditure: Reimbursement for Yard Signs		· · · · · · · · · · · · · · · · · · ·
	2.		
, ,			s
		•	•
Purpose of Abo	ve Expenditure:		
	3.		
		1.	<u> </u>
		\$	S
Purpose of Abo	ve Expanditure:		
	4.		
, ,		3	s
		•	-
Purpose of Abo	ve Expenditure:		I.,,
	5.		
, ,			i .
		*	s
Purpose of Abo	we Expenditure:		
	6.		
		S	\$
Purpose of Abo	ve Expenditure:		
	Subtotals of Columns A & B	s629,60	s0.00
	Total This Page (add columns A & B)		\$ 629.60